Division of Health Care Fac STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLI IDENTIFICATION N	(X2) MUI A. BUILD	MULTIPLE CONSTRUCTION (X3)			M APPROV		
		TN4704		B, WING		MAIN BUILDING 01	00,,,,,	COMPLETED	
NAME OF PROVIDER OR SUPPLIER		STREET		DORESS, CITY, STATE, ZIP CO		CODE	05	05/22/2011	
FORT SANDERS T			1901 CLI KNOXVIL	NCH AVE LE, TN 379					
TAG REGUL	ATORY OR LS	EMENT OF DEFICIENCIE MUST BE PRECEDED 8Y C IDENTIFYING INFORM	FULL ATION)	ID PREFIX TAG	1 1000	ROVIDER'S PLAN OF CORRI H CORRECTIVE ACTION SI PREFERENCED TO THE AP DEFICIENCY)	LOUIS A.	(X6) COMPLET DATE	
(2) Physic Plans. (a) Physic Plans. 5. Each of plans shall month listed purpose of determinal and community and evaluate at least three was ignments. (iii) Bomb exercised at least three will be assignments. (II) Staff durassignments. (II) Search This Rule is Based on intralied to assignments assignments. The findings interview will on May 22, 2 facility failed. There was no documentatic drill was concerned.	cal Facility (of the follow) If the following the conducted in the plate of the feducating tion, testing the feducating tion, testing the feducations of the feducations of the feducation of t	cedures Plan, to be during the year: artment and job ching the premises. evidenced by: record review, the threat drill was exemistrator and record p.m. confirmed the a tornado drill annutation of the to indicate a beautiful and the total drill an	edness of the rovisions and sument ned for review ally.	N1411	Threat (Code Master schedu insure t exercis basis. June, th that Sta that bor search techniqu premise A writter evaluation re	anders Regional ars TCU has a Bon Procedures proto Black). The Fort Semergency Drill ale has been ameritat this protocol is ed at least on an a Currently scheduline exercise will instalf duties are known by suspicious pacteams practice uses designed to see see.	nb col Sanders aded to sannual ed for sure rn, and kage earch ing the the	6/30/20	
TORY DIRECTOR'S OR	0180	0		Amorghy		TILE	L		